



## Regulatory Licensing Unit

### EMS Personnel Rule Exemption Request

For DSHS Use Only

ZZ100-160

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

When requesting an exemption to EMS rules, this form must be submitted with the EMS certification or recertification application and fee, if not an exempt volunteer. Mail to:

**TYPE OR PRINT IN BLACK INK**

**EMS Certification & Licensing**  
**Dept of State Health Services**  
**ATTN: ZZ100-160 EMS**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756**

#### Section 1 – Personnel Data

Print Last Name	First Name	Middle Name	SS#* or Texas EMS ID #
Mailing Address: Street, Apt Number or PO Box		City	State      Zip
(____) _____ (area code) Home phone	(____) _____ (area code) Business phone	_____ Date of Birth (MM/DD/YY)	(____) _____ Driver License Number (include state)

**Section 2 – Exemption Application Fee – Check one box. Make check or money order payment payable to Dept of State Health Services. Fees are NOT refundable or transferable. You may combine the EMS application fee with the rule exemption fee. Do not combine rule exemption fee with EMS Magazine fee.**

<input type="checkbox"/> \$30 – For all levels <input type="checkbox"/> I am not submitting a fee because I am fee exempt*	<p><b>*Note: Your EMS administrator must complete Volunteer Sign-Off section on EMS certification or recertification application form.</b></p>
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#### Section 3 – Information and/or Attachments Required. At minimum, you must meet criteria listed in 1-3.

<p>1. Cite the rule number you are seeking to be exempted from [i.e. 25 TAC §157.34(f)(4)]: _____ (see <a href="http://www.tdh.state.tx.us/hcqs/ems/ruladopt.htm">http://www.tdh.state.tx.us/hcqs/ems/ruladopt.htm</a> for rules).</p> <p>2. Attach a letter explaining:</p> <ul style="list-style-type: none"> <li>a specific alternative method of meeting the rule requirement</li> <li>how patient care and/or the health and safety of the public affected will not be negatively impacted</li> <li>the plan and time frame under which the applicable requirement(s) will be met</li> <li>if appropriate, how barriers outside of your control prevented you from meeting rule requirements</li> </ul> <p>3. Attach a signed and dated letter of support from the medical director of the licensed EMS provider or registered First Responder Organization with which you are or will be affiliated.</p> <p>4. To request allowance to practice at a higher level prior to receiving certification at that level [see 25 TAC §157.5(d)], in addition to 1-3 above, you must:</p> <ul style="list-style-type: none"> <li>be currently certified as an ECA, EMT or EMT-Intermediate</li> <li>submit a course completion certificate for the higher level of training</li> </ul>	<ul style="list-style-type: none"> <li>meet requirements of 25 TAC §157.5(a)(1)-(4)</li> <li>practice in a rural area as described in §157.5(b)(1)(2)</li> </ul>
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#### Section 4 – Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_